

L17000043435

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17 MAY 22 AM 7:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 22 2017

J SHIVERS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TOTAL RECOVERY GROUP, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LLOYD THOMPSON

Name of Person

Firm/Company

7106 LAUDER PLACE

Address

TAMPA, FL 33617

City/State and Zip Code

EXCELSERVICES0923@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LLOYD THOMPSON

Name of Person

at (813) 455-6280

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

2017 MAY -8 AM 11:59

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TOTAL RECOVERY GROUP LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/23/2017 and assigned Florida document number L17000043435.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ORACLE TAX SERVICES, LLC

New Registered Office Address:

1005 W Busch Blvd, Suite 204

Enter Florida street address

TAMPA

City

Florida

33612

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. ~~Or~~ If this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>LLOYD THOMPSON</u>	<u>7106 LAUDER PL</u>	<input checked="" type="checkbox"/> Add
		<u>TAMPA, FL 33617</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>TONY JACKSON</u>	<u>5506 N 50th Street, #6B</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, FL 33610</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>MAURICE ROLLE</u>	<u>1059 W Busch Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, FL 33612</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>MARLON JACKSON</u>	<u>3203 Hardie Place</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, FL 33637</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE FLORIDA

03/01/2017

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

April 21<sup>st</sup>, 2017

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

LLOYD THOMPSON

Typed or printed name of signee